DOCUMENT RESUME

ED 310 297 CG 021 873

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TITLE An Incentive Program for Nurse Aides Implementation Report: Description and Evaluation. Illinois Long Term Care Research and Demonstration Projects Series. Final Report.
INSTITUTION Illinois State Dept. of Public Aid, Springfield.
PUB DATE 86
NOTE 76p.; For other final reports and how-to manuals, see CG 021 850-873.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Employee Attitudes; *Evaluation Methods; Incentives; *Job Performance; Job Satisfaction; Long Term Care; *Nurses Aides; *Nursing Homes; *Personnel Evaluation; *Recognition (Achievement)

ABSTRACT

This study examined a nursing aide recognition program in a nursing home with 50 nurses and 200 nurse aides. Before the program was implemented, baseline data on job satisfaction were gathered with a questionnaire. A one-page description of the program and an evaluation tool were distributed to the nurse aides at their information sessions. Nurse Aides I were told that if they chose to participate they would be evaluated by the nurse and the Nurse Aide II on the unit. Nurses' inservices included instructions on use of the performance appraisal. Approximately 43 percent of the Nurse Aides I elected to participate. Comments by those evaluating the aides and the participant aides themselves were collected. When results were tallied, 34 percent of the participant nurse aides (or 14 percent of the total) achieved the award. A commendation was placed in the personnel record of those who completed the program but did not achieve the award. Staff observations indicated that the program tended to increase bickering between nurses aides instead of engendering team work; participants dropped out due to the perception that their scores were lower than their performance; participants were angered and embarrassed if they did not achieve the award; and the administrative time was possibly prohibitive. (Questionnaires and evaluation forms are included.) (ABL)

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Illinois Department of Public Aid
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1986: LONG TERM CARE RESEARCH AND DEMONSTRATION PROJECTS

FINAL REPORTS

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NEW HORIZONS IN LONG TERM CARE

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Funds for collaborative research in long term care were appropriated in the Department of Public Aid's budget in Fiscal Year 1986 to find new ways to treat long term care patients in Illinois nursing homes. The $1.25 million appropriation enabled the State, academic institutions, and providers of long term care to pool their talents for the first time. In all, there were 17 projects funded in Fiscal Year 1986. The attached document is the final report from one of those projects.

The Department of Public Aid expects the ideas generated by these projects to be put into reality. There are, in fact, training programs already being disseminated as a result of the research.

This report is one of a series of reports that comprise the long term care projects funded during 1986. Copies of the other reports are available from the Department of Public Aid by writing to Jo Ann Day, Ph.D., Long Term Care Research and Demonstration Project Director, Office for Employment and Social Services.

Edward T. Duffy

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AN INCENTIVE PROGRAM FOR NURSE AIDES
IMPLEMENTATION REPORT:
DESCRIPTION AND EVALUATION

by
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The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Illinois Department of Public Aid. The authors assume responsibility for the accuracy and completeness of the information contained in this report.

The following report will outline and discuss the steps used by the Director of Nursing to administer the oustanding Nurse Aide I of the Quarter Program. (Attachments are to be found in the appendix.)

The facility used for this study is Winchester House, a 359 bed, skilled nursing home, owned and operated by Lake County. The mix of payment source is 27% Private Pay and 73% Public Aid. The nursing staff consists of 250 employees, comprising 50 Nurses and 200 Nurse Aides. A further breakdown reveals two levels of Nurse Aides, the Nurse Aide I and the Nurse Aide II. The Nurse Aide II position is a promotion with a higher salary. Requirements for this position are one year of employment at Winchester House and demonstrated leadership skills.

1. ADMINISTRATION OF JOB SATISFACTION QUESTIONNAIRE

It was decided that the job satisfaction questionnaire (See attachment 1) would be administered to the Nurse Aides I in November before the entire program was introduced and explained. The rationale was that we did not want the full knowledge of the program to bias the results of the baseline job and satisfaction results.

Several one hour meetings were arranged with both the Nurse Aides I and II on each shift. The Nurse Aides II were included so that from the beginning they were an integral part of the program even though they were not part of the pilot group.

At these scheduled meetings, the Director of Nursing presided. She explained that it was important to Winchester House to elicit from the Nurse Aides I

their personal and professional motivation for employment as well as their general work attitude. It was explained that this was part of a larger program to award recognition to the nursing staff that would be described in detail at a later date.

The Nurse Aides I were assured that their responses were confidential and that no one at Winchester House would have the opportunity to view their individual answers but only the aggregate results. Directions on scoring of the questionnaire (See attachment 1) were given with a simple example used since most attendees were unfamiliar with a Likert type scale of response.

The Nurse Aides I were given 45-50 minutes in the meeting to score the questionnaire. The Nurse Aides II were instructed to read the questionnaire so that they would be aware of its content but not to complete it. The purpose of having the Nurse Aides I complete the questionnaire in the meeting was threefold:

1) To ensure the completion and return of the information.
2) To have the Director of Nursing available for questions or clarification.
3) To ensure the respondents did not have the opportunity to discuss the questionnaire with each other before completing it.

During one of these meetings, the question arose if additional comments could be added. The staff was encouraged to write in comments anywhere that there was a blank space. Many questions arose as to how to do the "rank-ordering" section. This

seemed to give many people difficulty.

* Additional Employee Concerns and Director of Nursing Observations:

- Nurse Aides questioned confidentiality of their responses and some expressed concern that their honest answers may be used against them.

- Some Nurse Aides II felt slighted that their responses were not requested at this time. They expressed that they had more experience and longevity at Winchester House and that their answers were invaluable to this project. The need to limit the number of people in this pilot study was reinforced. The Director of Nursing listened to the Nurse Aides II verbal comments and recommendations. She tried to make them feel important and an integral part of this study.

- Most of the inservices and meetings at Winchester House are mandatory and mandated according to IDPH guidelines. Example are resident's rights, dental care, restorative nursing, etc. During the month of November, Winchester House had continuous round-the-clock mandatory inservices on a new door alarm system to protect the resident in addition to the regularly scheduled inservices and meetings. It became difficult for the staff to complete their resident workload plus attend all of the meetings, inservices, and care planning conferences.

- It was hard for the staff to understand that this program was not a requirement by the state for

licensure or reimbursement. It is not certain that all staff understood that this program was created simply to recognize outstanding workers although satisfied workers often display more productivity and longevity.

2. PROGRAM ORIENTATION

Inservice of the details of the program was planned by the University of Illinois Evaluator, the Administrator, and the Director of Nursing. Nineteen inservices were held by the Director of Nursing to include all nursing staff from each shift. The number of meetings per shift were as follows:

7-3 Shift - 10 meetings
3-11 Shift - 5 meetings
11-7 Shift - 4 meetings

The meetings were conducted separately for the Nurses and Nurse Aides. (See attachment 2)

Once again, not all nursing staff were able to attend these meetings since some staff had long stretches of days off and were not available to attend any of the inservice sessions.

EVALUATION TOOL

A one-page description of the program and an "Evaluation Tool" were distributed to the Nurse Aides at their information sessions. (See attachments 3 & 4) The one-page description was intended to answer questions the staff may have had at a later date since the entire program was presented to them in one hour. The Evaluation Tool was described item-by-item so that the staff

would be aware of the intent of each task. It was explained that if the Nurse Aide I chose to participate, she would be evaluated utilizing the "Evaluation Tool" by both the Nurse and the Nurse Aide II on the unit. The response to this joint evaluation idea was immediately both positive and negative. Some staff felt that if they had a personality clash with a fellow Nurse Aide II, that one persons subjective opinion would not weigh too heavily. On the other hand, there was fear that a personality clash with the Head Nurse would ensure that the award would not be achieved because her opinion would tip the scales. It was assured to the groups that wide diversities in rating would be evaluated by the Director of Nursing to ensure objectivity.

Other comments by Nurse Aides included:

- "Why should we have to sign up for recognition, it should come automatically from administration for a job well done."
- "Recognition is not important as a reward, give us more money."
- "Before I was promoted to Nurse Aide II, I was a Nurse Aide I here for five years and there was no recognition. I think this is a great idea."
- "Formal recognition is not important as long as I know I am doing a good job."
- "Will the individual results of this program really be confidential?"

Concerning the "Evaluation Tool".

- "I didn't know that I was supposed to be

doing those things."

- "Why don't you use this for our Winchester House evaluation instead of the current one? It is much more detailed and objective."
- "Use this task list during orientation of new Nurse Aides. They never seem to know their job."
- "Should take setting hair out of task list. Residents go to the beauty shop."
- "Should take polishing nails out of the task list, the Activity Department does this job."
- "Should include range of motion and ambulation of the resident in this task list."

The most common response from Nurse Aide non-participants was "I do these tasks everyday anyway, I don't need recognition. This program won't make me work harder. I already work to my maximum."

The question arose as to whether achievement of the award would result in a higher merit raise at annual evaluation time. It was told to the staff that achievement of the award would certainly result in a good Winchester House performance appraisal and in that manner certainly affect their raise. (The current system of merit raises is a range of 2½ to 7½ percent depending on evaluation score.)

ELIGIBILITY

All Nurse Aides I were eligible, no matter what length of time they had been employed. Some Aides felt that this should be changed to a waiting period of 2 to 6 months after hire since it took that long to become adept as an aide at Winchester House.

Nurse Aides were given the opportunity to sign up for the program at the inservice or to contact the Director of Nursing with their intent by January 1. Very few staff signed up at the in-services. They either wanted to think about it or were reluctant to let others know their desire to participate in these group settings.

NURSE'S INSERVICE

The Nurse's inservices additionally included instructions on use of the "Performance Appraisal" (See attachment 5) since these baseline data needed to be collected by January 1. The Nurses' responses to the introduction of the program were very strong. Those who thought it was positive viewed it as a much deserved recognition for their staff and were going to encourage their staff to join. Those who held a negative view, expressed their concern over (1) the extra time they would need to spend on paperwork and (2) possible fighting among staff over the results.

Initially it was decided to evaluate the participants monthly during the first quarter program to review each evaluation with the participant to give them a chance to improve, if necessary, to achieve the award.

It was stressed to each level of nursing staff their importance in this program. The Nurse Aides were potential participants and thus essential to this program. The Nurse Aides II were depicted as having invaluable input into the rating of the Nurse Aides I since they worked most closely with the Aides I in guiding and monitoring their

performance. The Nurses' role of coordinator of the input to the results were highlighted. It was the intent of the Director of Nursing to engender a cooperative team effort and sense of "This is a very important project that may have State-wide impact."

DEPARTMENT MANAGER OVERVIEW

A brief overview of the program was given to the Department Managers by the Director of Nursing and the Evaluator. It was important for other departments to be aware of what the Nursing Department was doing to encourage them to think of doing similar things in their own departments.

BACKGROUND DATA COLLECTION

During December, the performance appraisals were distributed to the Charge/Head Nurse on each unit so that she could evaluate the performance of each of her Nurse Aides I for the past 3 months. The Head/Charge Nurse did this evaluation independently of her Nurse Aides II and did not share the results with the Nurse Aides I.

Throughout the month of December, confidentiality in all aspects of the program and data collection was stressed. The nursing staff was informed that the only document to be included in their personnel file was the "Certificate of Achievement" if they successfully completed the program. Some Nurse Aides accepted this, others were disappointed if they felt they were already doing an outstanding job and wanted all of these documents to be included in their file.

ENROLLMENT

At the end of the month, approximately 35 Nurse Aides I signed up as participants. The Director of Nursing encouraged the Nurse Aides on the 7-3 and 3-11 shifts to participate, stressing that there was no penalty for nonachievement of the award. The 11-7 supervisor was encouraged to do the same on her shift. The staff was allowed to enroll in the program as late as January 15, 1986. As of that date, 50 members out of a possible 116 were enrolled. Twenty-seven on the 7-3 shift, 19 on the 3-11 shift and 4 on the 11-7 shift.

Shift Breakdown of Participants

7-3 shift - 27 participants
3-11 shift - 19 participants
11-7 shift - 4 participants

Number of Participants (Quarter I) - 50 > 43%
Number of Nurse Aides I, December 1985 - 116

3. PROGRAM IMPLEMENTATION

The tasks for the Director of Nursing during January were twofold:

1) To reinforce directions of the program, answer questions, and solicit input and,
2) To distribute the first evaluation tool to the Head/Charge nurses.

Both of these tasks were accomplished. It was found however that it became necessary to caution Nurse Aides II not to discourage applicants. Two participants asked to drop out of the program because their Nurse Aide II told them "don't bother participating, you won't make it anyway". These two average

participants were encouraged by the Director of Nursing to stay in the program. One did but one withdrew.

As part of the process, if an aide was reprimanded during the quarter, she was deemed ineligible to participate further. As this occurred, she was either informed personally or a note was sent thanking her for her participation thus far and encouraging her to join again next quarter.

EVALUATION #1

Nurses were not consistently reviewing the results of the first performance appraisal with the participants. The participant, at times, was unaware of her first score. It was necessary for a participant to receive feedback on performance in order to effect behavioral changes. These evaluations were sent back to the nurses with instructions to review the results with the aide.

A couple of times, a group of evaluators did not agree on the rating of a task. These were reviewed by the Director of Nursing and the scores were averaged. Thus, for example a few participants received a score of "2.5" instead of "2" or "3" due to averaging.

A few Nurse Aides I felt that their scores were unjustly low. They did perform these tasks all of the time, why didn't the Nurse and Nurse Aide II see this?

One serious problem was that a Head Nurse on the day shift rated a Nurse Aide with a score of 68.5

for the first evaluation. Seemingly, this was not a very high score. The Head Nurse had previously rated the Nurse Aide with a score of 4 (out of a possible 5) on her Winchester House evaluation and recommended her for a promotion to Nurse Aide II. When questioned about this discrepancy, the Head Nurse stated that compared to other nurse aides, this employee does rate a 4 (excellent) on her Winchester House evaluation but according to the scoring for the recognition program, she does not <u>always</u> perform most of the tasks. This reasoning was not interfered with at the time. The Nurse Aide involved was a very energetic, vocal person. She stated that she felt the scoring was not fair. She appeared to be humiliated by the fact that coworkers knew she was in the program but she did not achieve the award. She decided to resign her position and notified the Director of Nursing of this during the 1st quarter recognition luncheon.

The staff was encouraged to feel that <u>any</u> score at all on the "Evaluation Tool" meant that they were doing a good job. It was explained that Nurse Aides had created the tasks on the "Evaluation Tool" and that a passing score meant that they were doing a good job. Also, the scores for each month of the quarter would be <u>averaged</u> together so hard work in the next 2 months could still meet the criteria for an award.

Nurse Aides would discuss their scores among each other. The Director of Nursing received comments such as "She doesn't really deserve the score, she doesn't <u>always</u> do those tasks". It was especially apparent between shifts. The usual

rivalry among each shift thinking they work the hardest was reinforced.

As a result of staff input, 4 tasks were changed on the "Evaluation Tool".

"Sets Resident's hair when needed" and "Polishes Resident's nails when requested" were eliminated from the 7-3 and 3-11 shifts.

"Updates care plans as new problems occur or as goals are met" was changed to be more descriptive. The revision reads "Aware of residents' goals, carries goal cards on linen cart or in pocket. Works towards accomplishing these."

Another change was the task "Performs simple charting duties on time." The new statement reads "Performs simple charting duties on time. These duties include charting in B & B book, rehab Kardex, and charting CUD output."

Reactions from the Head/Charge Nurses afer the first evaluation were varied. These included:

- 7-3 shift Head Nurse - This nurse did not feel that her aides were outstanding. Only 1 passed the January evaluation. When she reviewed Evaluation #1 with her nurse aides they were upset and disagreed with the rating. One Nurse Aide I stopped talking to the Nurse Aide II on the unit because of their involvement in her scoring. She also asked for a transfer off of that unit, it was granted. She did not end up achieving the award because of a safety reprimand. This Head Nurse also stated that she felt her nurse aides <u>did</u> have the time to always complete these tasks

but her nurse aides disagreed.

- 7-3 shift Head Nurse - This nurse had several nurse aide participants, none of them passed Evaluation #1. This Head Nurse questioned whether there was really time to always complete these tasks.

It was reinforced that this program is based on 80% competency level, not 100%.

- 7-3 shift Charge Nurse - During the course of general discussions about the program, it was determined that this nurse was misinterpreting the intent of several of the tasks and consequently misscoring the evaluation. The tasks and scoring were reviewed with her, then the January evaluation results were corrected.

- 7-3 shift Head Nurse - This nurse observed very positive results after Evaluation #1. Her nurse aides were observed passing water and juice between meals to residents. Their general work performance improved overnight.

- 7-3 shift Head Nurse - This nurse stated that during the month of January, there was much rivalry among her 3 participants because they erroneously thought that only one nurse aide per unit could achieve the award. It was determined that this impression was also held by others. During our February meetings, this misconception was corrected as well as others about the program. Regularly scheduled monthly staff meetings have been used to disseminate information about the program and gather input.

- 7-3 shift Head Nurse - She felt that all of her nurse aides were outstanding. In some areas, the aide's scores had to be lowered because they did not always have time to perform the tasks. In particular were areas that required reminiscing and offering residents emotional support. Two of the three participants on this unit did eventually achieve the award.

EVALUATION #2

Evaluation #2 of the quarter was distributed to the Head/Charge nurses on February 20, 1986. This was to give them ample time to meet with the other evaluators and participants to complete this task before the 5th of March. A cover page with instructions (See attachment 6) was attached to clarify some continued inquiries. A copy of the results of Evaluation #1 was distributed at the same time to refresh the memories of the evaluators.

The month of March brought a major occurrence which took place on a 7-3 shift unit that had 5 participants. There had been some prior management problems on this unit. There seemed to be more complaints on this unit than on other units concerning incomplete resident care from family members. Yet at the end of Quarter I, all five participants had achieved scores high enough to merit the award.

The main concern in addressing this problem was not to have the entire program be viewed as having an unfair scoring system. Three of these 5 participants had only received "average"

Winchester House annual evaluations. The Director of Nursing viewed their performances as only average, basing her opinion on the outcome of resident care on that unit. When the Head Nurse was questioned on the discrepancy between the "Evaluation Tool" results and those of the Winchester House evaluation, she had no valid answer.

It was not felt that these 5 participants should all qualify for the award so the problem was taken to the Administrator. After much discussion, we agreed to invalidate the scores of all 5 participants. There was no fair way to select just 1 or 2 winners. We did not want the other Winchester House staff to acknowledge these 5 people as winners because the rest of the house was partially aware of the performance problems on this particular unit. It was decided that the Director of Nursing would inform this unit of the decision.

The staff was very angry that their scores had been invalidated. With the exception of 1 aide, the staff blamed the Director of Nursing for their ineligibility and said that they would never participate again in this program. However, four of the five Quarter I participants <u>did</u> rejoin for Quarter II.

<u>EVALUATION #3</u>

The third and final "Evaluation Tool" was distributed around the 15th of the month. Once again, a cover instruction page was distributed. (See attachment 7)

RESULTS

The results of the Quarter I were tallied. Twenty-eight of the 50 participants completed the program. Seventeen dropped out for a variety of reasons, 5 scores were declared invalid. Seventeen Nurse Aides I achieved the award. (See attachment 8) In percentages, 14% of the total Nurse Aides I achieved the award while 34% of the participants achieved the award.

A memo was sent to all of the nursing units announcing the winners. (See attachment 9) A commendation was placed in the personnel record of these 11 participants who completed the program but did not achieve the award. A personal invitation was sent to each winner inviting her to the awards luncheon. (See attachment 10)

A photograph of each awardee was then taken and placed in the hallway of the main lobby. One nurse aide declined to have her picture taken. The other winners were proud of their photos and asked to be given to them to keep when the display was taken down.

The award luncheon was conducted 4-9-86 from 2:00 p.m. to 3:00 p.m. Eleven of the 17 winners attended. Those who did not attend gave various reasons. (See attachment 11) The Administrator opened the luncheon congratulating the staff for their fine performances. A chicken luncheon was served buffet style which had been prepared at Winchester House. The Certificate of Achievement (See attachment 12) was presented as well as a free chicken dinner certificate to Brown's Fried Chicken. The chicken

certificate was well received as a tangible benefit for working so hard to win this award. Copies of the Achievement Certificate were placed in each employee's personnel file.

The cost breakdown of the awards luncheon is as follows:

Chicken luncheon and decorated cake - - $3.00/person
Certificate of Achievement - - - - - - $ .25/person
Total - - - - - - - - - - - - - - - - - - $3.25/person
The Brown's Fried Chicken Certificates were solicited from the vendor at no cost.

A list of the winners was placed in two publications. One is the biweekly newsletter at Winchester House titled "House Calls", (See attachment 13) the other is Lake County's monthly newsletter called the "Communicator".

Performance appraisal #2 was distributed for all Nurse Aides I. There was no problem with completion of these by May 1.

There was, however, difficulty in obtaining the results of Job Satisfaction Questionnaire #2. These questionnaires were distributed to the staff by the Director of Nursing on the 7-3 shift and by the Supervisors on the other shifts. The majority of Questionnaire #1 had been completed in a classroom with the Director of Nursing in attendance. Questionnaire #2 was simply distributed with a cover page of instructions. By mid-May, 13 questionnaires had not been returned and 2 were returned with corner code numbers torn off. New questionnaires were re-distributed to the non-respondents with

directions given to send the results directly to the Evaluator if confidentiality was in question.

GENERAL OBSERVATIONS

1) There seemed to be an increase in bickering between Nurse Aides on the same unit with the advent of this program. Instead of engendering team work, the opposite occurred.

2) Voluntary dropouts became more frequent as the program progressed due to the participant's perception that the score on the "Evaluation Tool" was much lower than the actual work performance of the participant.

3) The high visibility of the entire facility knowing who the participants were caused feelings of anger and embarrassment by the participant if the award was not achieved.

4) The administration time of the program can be prohibitive in a large facility when monthly "Evaluation Tools" are completed for individual participants.

These general observations raised the question "would a group or unit recognition program be more beneficial to the needs of a nursing home where team work is the key to quality resident care? Would recognition of an "outstanding team" be a motivator for increased productivity and ultimately job satisfaction?"

These questions, as well as the results of this study, were posed to the Nurse Aides at Winchester

House. The staff was not in favor of a "group" recognition for two reasons:

1) There are numerous outside agencies that survey Winchester House already. If we internally devised another method of auditing resident care outcomes with an award attached, the staff felt that this would just lead to added pressure and stress for them.

2) There are 2 nursing units per floor at Winchester House. The staff felt that a "group" award (with only 1 winner per shift) may lead to fighting among the two units on the same floor in their achievement efforts as opposed to the comraderie that currently exists. Also, it may heighten the existing conflict between the shifts on the unit.

It was rather felt by this group that an award for monthly perfect attendance would be more appropriate than an award for job performance. This proposal as well as others will be reviewed with administration in the continued search for answers to increased productivity and job satisfaction.

APPENDIX

ATTACHMENT 1

JOB SATISFACTION QUESTIONNAIRE

The purpose of this survey is to gather some information about your feelings concerning your job, working with other staff and residents, recognition and rewards for your work, and some of the reasons why you chose your current job. There are no right or wrong answers. Your responses will be anonymous and strictly CONFIDENTIAL. Your name does not appear anywhere on this questionnaire, nor should you sign it or identify yourself in anyway. The information collected will be used to form an overall picture, so no one's individual response can be identified or name used for any purpose. Your opinions are very important, so please answer all questions frankly.

The following are sets of statements about job satisfaction, commitment and motivation. Indicate the response closest to your view by circling the degree to which you agree or disagree with the statement you are considering. The following are the responses available to you.

SA = If you strongly agree with the statement

A = If you agree with the statement

N = If you neither agree or disagree with the statement

D = If you disagree with the statement

SD = If you strongly disagree with the statement

Please tear off the top page with your name and return the completed questionnaire to Mary Sinke or to your supervisor.

Administration and Supervision

		Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
		SA	A	N	D	SD
1-	Your tasks are explained to you clearly during initial orientation.					
2-	I receive feedback from Nurse Aide II.	SA	A	N	D	SD
3-	I receive feedback from Charge/Head Nurse.	SA	A	N	D	SD
4-	I receive feedback from Supervisor.	SA	A	N	D	SD
5-	I receive feedback from Director of Nursing.	SA	A	N	D	SD
6-	I receive feedback from the Administrator.	SA	A	N	D	SD
7-	I receive predomintantly negative and positive feedback.	SA	A	N	D	SD
8-	The feedback I receive is constructive.	SA	A	N	D	SD
9-	I receive no assistance and support from the one person who directly supervises me.	SA	A	N	D	SD
10-	In this institution it is clear who has the authority to make decisions.	SA	A	N	D	SD
11-	Policies at Winchester House are clearly explained.	SA	A	N	D	SD
12-	I know exactly who my boss is.	SA	A	N	D	SD
13-	Organizational structure at Winchester House helps me in my work.	SA	A	N	D	SD

Salary and Benefits

14-	My salary is sufficient for me to live independently of either my spouse or parents.	SA	A	N	D	SD
15-	My salary is insufficient for me to put money in savings and/or investments.	SA	A	N	D	SD
16-	My salary is the same or better than at surrounding nursing homes.	SA	A	N	D	SD
17-	My benefits are the same or better than at surrounding nursing homes.	SA	A	N	D	SD
18-	The tuition reimbursement is insufficient.	SA	A	N	D	SD

Interpersonal Relationships with Other Health Professionals	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
19- There are opportunities for me to develop relations with other Nurse's Aides I.	SA	A	N	D	SD
20- There are opportunities for me to develop relations with Nurse Aides II and/or Charge Nurse.	SA	A	N	D	SD
21- There are few opportunities for me to develop relations with workers in other departments.	SA	A	N	D	SD
22- There is cooperation in my working relations with other departmental professionals (e.g. dietician, physical therapist, social worker, etc.).	SA	A	N	D	SD
23- There is cooperation in my working relations with other Nurse Aides.	SA	A	N	D	SD
24- There is cooperation in my working relations with Charge/Head Nurse.	SA	A	N	D	SD
25- There is cooperation in my working relations with other shifts.	SA	A	N	D	SD
26- There is cooperation in my working relations with other departments.	SA	A	N	D	SD
Interpersonal Relations with Residents and Families					
27- There are opportunities for me to develop relations with residents.	SA	A	N	D	SD
28- There is no cooperation from the residents in my working relations with them.	SA	A	N	D	SD
29- There are opportunities for me to develop relations with families of residents.	SA	A	N	D	SD
30- There is cooperation in my working relations with families of residents.	SA	A	N	D	SD
Working Conditions/Work Itself					
31- There is flexibility in my days off when I make special requests before the schedule is posted.	SA	A	N	D	SD
32- Working every other weekend is OK.	SA	A	N	D	SD

		Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
33-	Having to work on some holidays is OK.	SA	A	N	D	SD
34-	My current shift suits my needs.	SA	A	N	D	SD
35-	My current shift is the hardest.	SA	A	N	D	SD
36-	Shift start and stop times are inflexible.	SA	A	N	D	SD
37-	Floating between units is disruptive to me.	SA	A	N	D	SD
38-	My job is conveniently located for me.	SA	A	N	D	SD
39-	I feel that I have job security.	SA	A	N	D	SD
40-	My job is physically demanding (hard labor).	SA	A	N	D	SD
41-	My job is emotionally demanding.	SA	A	N	D	SD
42-	My job makes me tired.	SA	A	N	D	SD
43-	My job is dirty.	SA	A	N	D	SD
44-	The physical deterioration of residents is distressful to me.	SA	A	N	D	SD
45-	The psychological deterioration of residents is distressful to me.	SA	A	N	D	SD
46-	Some residents in our care show improvement.	SA	A	N	D	SD
47-	My work makes residents feel better.	SA	A	N	D	SD
48-	My work requires special knowledge and skills.	SA	A	N	D	SD
49-	My job is challenging.	SA	A	N	D	SD
50-	My work requires a caring attitude.	SA	A	N	D	SD
51-	I have the opportunity to work with a variety of clinical cases.	SA	A	N	D	SD
52-	Working with a variety of clinical cases is important to me.	SA	A	N	D	SD

		Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Achievement						
53-	My job gives me chances to learn new things.	SA	A	N	D	SD
54-	My job gives me few opportunities to grow professionally.	SA	A	N	D	SD
55-	My job gives me opportunities to grow personally.	SA	A	N	D	SD
56-	I am fully able to use my talents and abilities in myjob.	SA	A	N	D	SD
Advancement						
57-	There is an opportunity for promotion in this institution.	SA	A	N	D	SD
58-	This job is not important for future jobs outside this institution.	SA	A	N	D	SD
Recognition						
59-	In my opinion, I do important work.	SA	A	N	D	SD
60-	Residents value my work.	SA	A	N	D	SD
61-	Nurse Aides II value my work.	SA	A	N	D	SD
62-	The Charge/Head Nurse values my work.	SA	A	N	D	SD
63-	The supervisor values my work.	SA	A	N	D	SD
64-	The Director of Nursing values my work.	SA	A	N	D	SD
65-	The Administrator values my work.	SA	A	N	D	SD
66-	The Director of Nursing knows how I work.	SA	A	N	D	SD
67-	The Administrator knows how I work.	SA	A	N	D	SD
68-	Others treat me as less intelligent.	SA	A	N	D	SD
69-	Others treat me as an inadequate.	SA	A	N	D	SD
70-	I receive recognition for my work.	SA	A	N	D	SD
71-	I receive sufficient recognition for my work.	SA	A	N	D	SD

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
72- I receive recognition <u>often</u> for my work.	SA	A	N	D	SD
73- Employee recognition week should be held more than once a year.	SA	A	N	D	SD
74- There is enough reward and recognition given at Winchester House for doing good work.	SA	A	N	D	SD
<u>Input/Responsibility</u>					
75- My suggestions for resident care are considered.	SA	A	N	D	SD
76- My suggestions for resident care are used.	SA	A	N	D	SD
77- My suggestions for change within this institution are considered.	SA	A	N	D	SD
78- My input is considered in unit activities.	SA	A	N	D	SD
79- I am considered a valued member of the team.	SA	A	N	D	SD
80- I feel I have control over my work.	SA	A	N	D	SD
81- The philosophy at this institution is that employees are encouraged to refer problems to their immediate supervisor.	SA	A	N	D	SD
82- You get quite a lot of support and encouragement for trying something new at Winchester House.	SA	A	N	D	SD
83- Seeking to help co-workers when my work is completed is encouraged.	SA	A	N	D	SD
<u>Motivation</u>					
84- I am glad that I ever entered this career.	SA	A	N	D	SD
85- I find real enjoyment in my career.	SA	A	N	D	SD
86- I feel that my career is no more interesting than others I could be in.	SA	A	N	D	SD
87- I feel that I am happier in my career than most people.	SA	A	N	D	SD
88- I definitely dislike my career.	SA	A	N	D	SD

		Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
89-	I consider my career rather unpleasant.	SA	A	N	D	SD
90-	I am often bored with my career.	SA	A	N	D	SD
91-	I consider my employment at Winchester House as only a temporary move in my career.	SA	A	N	D	SD
92-	I plan to continue in my present career.	SA	A	N	D	SD
93-	I am in my career for the money.	SA	A	N	D	SD
94-	I chose this career because I want to help others.	SA	A	N	D	SD
95-	I chose this career to use my knowledge and experience.	SA	A	N	D	SD
96-	One of the reasons I chose my career is because it is convenient.	SA	A	N	D	SD
97-	I chose my career because of the reputation of Winchester House.	SA	A	N	D	SD
98-	I chose this career because I wanted to work with the aged.	SA	A	N	D	SD
99-	This career meets my pre-employment expectations.	SA	A	N	D	SD
100-	I work because I want to achieve.	SA	A	N	D	SD
101-	I am in this career because I am allowed to do my work around other people rather than alone.	SA	A	N	D	SD
102-	I like situations in which I take personal responsibility for finding solutions to problems.	SA	A	N	D	SD
103-	I chose this career because I knew I could succeed in it.	SA	A	N	D	SD
104-	I like job situations where there is a challenge and some risk of not succeeding.	SA	A	N	D	SD
105-	I am interested in knowing whether I am right or wrong.	SA	A	N	D	SD
106-	I like to pay attention to the feelings of others.	SA	A	N	D	SD

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
107- One reason I chose my career is because it offers opportunities for making friends.	SA	A	N	D	SD

108- Of all the issues above that you have responded to, from the list below chose the THREE most important factors that would satisfy you in your job, and rank them, with 1 being the MOST important and 3 the LEAST important (Do NOT use the same rank twice).

	Rank
Administration and Supervision	_____
Salary and Benefits	_____
Working conditions and work itself	_____
Interpersonal relations with other health professionals	_____
Interpersonal relations with residents and families	_____
Achievement	_____
Advancement	_____
Recognition	_____
Input/Responsibility	_____

109- Of the seven individuals listed below, from whom is it more important for you to receive recognition for your work? RANK ALL of them in order of their importance to you for recognition, with 1 being the MOST important and 7 being the LEAST important (Do NOT use the same rank twice)

	Rank
Resident	_____
Nurse Aide I	_____
Nurse Aide II	_____
Charge/Head Nurse	_____
Shift Supervisor	_____
Director of Nursing	_____
Administrator	_____

110- Specify if there is anyone else from whom you like to receive recognition for your work.

ATTACHMENT 2

STAFF MEETINGS FOR DECEMBER - 1985

12-09-85	10:30	-	11:30 a.m.	-	Nurse Aides I & II
12-09-85	2:00	-	3:00 p.m.	-	Nurses
12-10-85	10:30	-	11:30 a.m.	-	Nurse Aides I & II
12-10-85	2:00	-	3:00 p.m.	-	Nurses
12-11-85	10:30	-	11:30 a.m.	-	Nurse Aides I & II
12-11-85	2:00	-	3:00 p.m.	-	Nurses
12-12-85	12:00	-	1:00 a.m.	-	Nurses
12-13-85	8:30	-	9:30 p.m.	-	Nurses
12-13-85	12:00	-	1:00 a.m.	-	Nurses
12-16-85	10:30	-	11:30 a.m.	-	Nurse Aides I & II
12-16-85	2:00	-	3:00 p.m.	-	Nurses
12-17-85	10:30	-	11:30 a.m.	-	Nurse Aides I & II
12-18-85	2:00	-	3:00 p.m.	-	Nurse Aides I & II
12-19-85	4:30	-	5:30 p.m.	-	Nurses
12-19-85	8:30	-	9:30 p.m.	-	Nurse Aides I & II
12-20-85	8:30	-	9:30 p.m.	-	Nurse Aides I & II
12-20-85	12:00	-	1:00 a.m.	-	Nurse Aides I & II
12-26-85	8:30	-	9:30 p.m.	-	Nurse Aides I & II
12-27-85	12:00	-	1:00 a.m.	-	Nurse Aides I & II

ATTACHMENT 3

OUTSTANDING NURSE AIDE I OF THE QUARTER PROGRAM (QUARTER I)

OBJECTIVE:
1) To recognize Nurse Aides I for their work.
2) To explore the high level of turnover among Nurse Aide I.

DESCRIPTION: A grant project awarded by the Illinois Department of Public Aide to Winchester House. The University of Illinois will assist in the research.

LENGTH Results must be submitted to the State by 9-1-86. The program will consist of 2 quarters, each 3 months in duration.

Quarter I - 1-1-86 to 3-31-86
Quarter II - 5-1-86 to 7-31-86

REWARDS:
1) Recognition lunch at Winchester House.
2) Certificate of Achievement presented at a special awards ceremony.
3) Photograph of outstanding employees displayed in main lobby.

ELIGIBILITY:
1) All Nurse Aides I
2) Voluntary

CONDITIONS FOR PARTICIPATION:

1) Employed as a Nurse Aide I for the entire quarter.
2) Receive no reprimands during the quarter.
3) Absent from work no more than 11 days, excluding vacation time for full-time employees. For part-time employees, absent no more than 2 work weeks, excluding vacation.

SCORING:

7-3 Shift - 100 points out of a possible 125.)
3-11 Shift - 98 points out of a possible 123.)
11-7 Shift - 74 points out of a possible 93.)

Averaged 3 times

ATTACHMENT 4

7 - 3 Shift

EVALUATION TOOL

OUTSTANDING NURSE AIDE I OF THE QUARTER

DIRECTIONS: Place a check (✓) in the appropriate box (Always, Often, Sometimes, Never) which describes each activity. When completed, total the number of points achieved.

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
BATHING				
1. Converses with Resident in a meaningful manner during bath time.				
BOWEL AND BLADDER				
2. Assist Resident to bathroom/gives bedpan/changes linen when necessary to maintain bodily functions and skin integrity.				
3. Gives necessary peri-care after each episode. (Must occur at least every 2 hours)				
GROOMING				
4. Cut and/or clean nails between weekly bath.				
5. Applies body lotion throughout the shift as necessary.				
6. Sets Resident's hair when needed.				
7. Polishes Resident's nails when requested.				
8. Spends time assisting Resident select coordinated jewelry and clothes.				
9. Shaves female and male Residents between weekly bath.				

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
FEEDING				
10. Offers fluids between meals.				
11. Converses with Resident during mealtime.				
12. Encourages slow feeders to take extra nutrition.				
COMFORT				
13. Ensures that Resident's bare back is not open to/or resting against plastic surfaces.				
14. Ensures that Resident's arms are not resting on hard edges of table tops.				
15. Releases restraints/safety devises when necessary to promote comfort and to prevent pressure areas.				
16. Follows turning schedule strictly and recommends to nurse any changes necessary to maintain comfort and skin integrity.				
COMPASSION				
17. Verbally empathizes with Resident regarding losses.				
18. Spends time needed to comfort Resident respond sympathetically to Resident's problems, both physical and emotional.				
19. Seeks new ways to meet Residents' needs and innovative solutions to continuing problems, rather than complain about them.				
20. Touches Residents, even when not performing a physical function.				

30

SOCIAL INTERACTION	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
21. Uses a soft tone of voice with Resident, especially upon awakening.				
22. Schedules time to meet with Resident's needs.				
23. Spends free time conversing with Residents.				
24. Displays patience, giving Residents with impaired senses time to respond.				
25. Displays an appropriate sense of humor.				
26. Reads and writes letters for Residents when requested.				
27. Spends additional time trying to understand and response to Residents with communication disorders.				
28. Spends time reminiscing and rekindeling Resident's prior interests.				
INITIATIVE				
29. Performs extra tasks for Residents even when not assigned to them.				
30. Assists Residents sorting and organizing drawers and personal belongings.				
31. Cleans and organizes comatose Resident's drawers.				
32. Arranges bed clothing and bed decorations as requested by Resident.				
33. Offers to assist other Staff when own work is completed.				
34. Takes the time to respond to family issues and concerns by helping families resolve issues and making the appropriate referrals.				

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
35. Recognizes changes in, or problems of, Residents and reports them to appropriate person.				
36. Recognizes inter-departmental problems and makes appropriate referral.				
ATTITUDE TOWARD FACILITY				
37. Voices support for facility policies and procedures.				
38. Supportive of short-staffed situations, especially during peak vacation and holiday times.				
39. Volunteers to work extra when Unit is uncovered.				
RESIDENT CARE PLANNING				
40. Offers pertinent observations and input for mini-staffings and initial staffings.				
41. Updates care plans as new problems occur or as goals are met.				
CHARTING				
42. Performs simple charting duties on time.				

TOTAL

MS:ea
11-85

ATTACHMENT 4

3 - 11 Shift

EVALUATION TOOL

OUTSTANDING NURSE AIDE I OF THE QUARTER

DIRECTIONS: Place a check (✓) in the appropriate box (Always, Often, Sometimes, Never) which describes each activity. When completed, total the number of points achieved.

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
BATHING				
1. Converses with Resident in a meaningful manner during bath time.				
BOWEL AND BLADDER				
2. Assist Resident to bathroom/gives bedpan/changes linen when necessary to maintain bodily functions and skin integrity.				
3. Gives necessary peri-care after each episode. (Must occur at least every 2 hours)				
GROOMING				
4. Cut and/or clean nails between weekly bath.				
5. Applies body lotion throughout the shift as necessary.				
6. Sets Resident's hair when needed.				
7. Polishes Resident's nails when requested.				
8. Shaves female and male Residents between weekly bath.				

FEEDING	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
9. Offers fluids between meals.				
10. Converses with Resident during mealtime.				
11. Encourages slow feeders to take extra nutrition.				
COMFORT				
12. Ensures that Resident's bare back is not open to/or resting against plastic surfaces.				
13. Ensures that Resident's arms are not resting on hard edges of table tops.				
14. Releases restraints/safety devises when necessary to promote comfort and to prevent pressure areas.				
15. Follows turning schedule strictly and recommends to nurse any changes necessary to maintain comfort and skin integrity.				
COMPASSION				
16. Verbally empathizes with Resident regarding losses.				
17. Spends time needed to comfort Resident respond sympathetically to Resident's problems, both physical and emotional.				
18. Seeks new ways to meet Residents' needs and innovative solutions to continuing problems, rather than complain about them.				
19. Touches Residents, even when not performing a physical function.				

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
SOCIAL INTERACTION				
20. Uses a soft tone of voice with Resident, especially upon awakening.				
21. Schedules time to meet with Resident's needs.				
22. Spends free time conversing with Residents.				
23. Displays patience, giving Residents with impaired senses time to respond.				
24. Displays an appropriate sense of humor.				
25. Reads and writes letters for Residents when requested.				
26. Spends additional time trying to understand and response to Residents with communication disorders.				
27. Spends time reminiscing and rekindeling Resident's prior interests.				
INITIATIVE				
28. Performs extra tasks for Residents even when not assigned to them.				
29. Assists Residents sorting and organizing drawers and personal belongings.				
30. Cleans and organizes comatose Resident's drawers.				
31. Arranges bed clothing and bed decorations as requested by Resident.				
32. Offers to assist other Staff when own work is completed.				
33. Takes the time to respond to family issues and concerns by helping families resolve issues and making the appropriate referrals.				

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
34. Recognizes changes in, or problems of, Residents and reports them to appropriate person.				
35. Recognizes inter-departmental problems and makes appropriate referral.				
ATTITUDE TOWARD FACILITY				
36. Voices support for facility policies and procedures.				
37. Supportive of short-staffed situations, especially during peak vacation and holiday times.				
38. Volunteers to work extra when Unit is uncovered.				
RESIDENT CARE PLANNING				
39. Offers pertinent observations and input for mini-staffings and initial staffings.				
40. Updates care plans as new problems occur or as goals are met.				
CHARTING				
41. Performs simple charting duties on time.				

TOTAL

MS:ea
11-85

ATTACHMENT 4

11-7 Shift

EVALUATION TOOL

OUTSTANDING NURSE AIDE I OF THE QUARTER

DIRECTIONS: Place a check (✓) in the appropriate box (Always, Often, Sometimes, Never) which describes each activity. When completed, total the number of points achieved.

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
BOWEL AND BLADDER				
1. Assist Resident to bathroom/gives bedpan/changes linen when necessary to maintain bodily functions and skin integrity.				
2. Gives necessary peri-care after each episode. (Must occur at least every 2 hours)				
GROOMING				
3. Applies body lotion throughout the shift as necessary.				
4. Spends time assisting Resident select coordinated jewelry and clothes.				
FEEDING				
5. Offers fluids between meals.				
COMFORT				
6. Ensures that Resident's bare back is not open to/or resting against plastic surfaces.				
7. Ensures that Resident's arms are not resting on hard edges of table tops.				

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
8. Releases restraints/safety devises when necessary to promote comfort and to prevent pressure areas.				
9. Follows turning schedule strictly and recommends to nurse any changes necessary to maintain comfort and skin integrity.				
COMPASSION				
10. Verbally empathizes with Resident regarding losses.				
11. Spends time needed to comfort Resident respond sympathetically to Resident's problems, both physical and emotional.				
12. Seeks new ways to meet Residents' needs and innovative solutions to continuing problems, rather than complain about them.				
13. Touches Residents, even when not performing a physical function.				
SOCIAL INTERACTION				
14. Uses a soft tone of voice with Resident, especially upon awakening.				
15. Schedules time to meet with Resident's needs.				
16. Spends free time conversing with Residents.				
17. Displays patience, giving Residents with impaired senses time to respond.				
18. Displays an appropriate sense of humor.				
19. Spends additional time trying to understand and response to Residents with communication disorders.				

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
20. Spends time reminiscing and rekindeling Resident's prior interests.				
INITIATIVE				
21. Performs extra tasks for Residents even when not assigned to them.				
22. Arranges bed clothing and bed decorations as requested by Resident.				
23. Offers to assist other Staff when own work is completed.				
24. Recognizes changes in, or problems of, Residents and reports them to appropriate person.				
25. Recognizes inter-departmental problems and makes appropriate referral.				
ATTITUDE TOWARD FACILITY				
26. Voices support for facility policies and procedures.				
27. Supportive of short-staffed situations, especially during peak vacation and holiday times.				
28. Volunteers to work extra when Unit is uncovered.				

	3 POINTS ALWAYS	2 POINTS OFTEN	1 POINT SOMETIMES	0 POINTS NEVER
RESIDENT CARE PLANNING				
29. Offers pertinent observations and input for mini-staffings and initial staffings.				
30. Updates care plans as new problems occur or as goals are met.				
CHARTING				
31. Performs simple charting duties on time.				

TOTAL

50

MS:ea
11-85

ATTACHMENT 5

PERFORMANCE APPRAISAL

This questionnaire contains a list of position tasks that Nurse Aides I are expected to undertake. Please rate _____ over the past three months ONLY, on each specific task by circling the appropriate number.

NOTE:

1- This evaluation does NOT become a part of the employee's permanent record, but rather is used for research purposes only.

2- This evaluation does NOT replace the Winchester House probationary and/or annual evaluation.

3- When you have completed this questionnaire, remove this cover sheet, and return the rest of the materials to Mary Sinke.

For the first set of position tasks, the options available to you for evaluation are as follows:

1= MARGINAL: Does not meet minimum position standards. Performance is clearly below the acceptable level.

2= ADEQUATE: With few exceptions, meets position standards. However, some improvement is desirable.

3= PROFICIENT: Meets position standards. Performance which is expected from experienced and qualified individuals.

4= EXCELLENT: Exceeds position standards. Performance which exceeds that of most others in similar position levels.

5= DISTINGUISHED: Exceptional, clearly unique performance. Significantly exceeds position standards. Achievement which clearly exceeds performance of others in similar position levels.

RESIDENT CARE

	MARGINAL	ADEQUATE	PROFICIENT	EXCELLENT	DISTINGUISHED
1- Bathing	1	2	3	4	5
2- Oral Care	1	2	3	4	5
3- Cuts nails	1	2	3	4	5
4- Shaving	1	2	3	4	5
5- Dressing	1	2	3	4	5
6- Bed-Making	1	2	3	4	5
7- Washes peri-area with every change	1	2	3	4	5
8- Toilets residents on schedule	1	2	3	4	5
9- Re-positions on schedule	1	2	3	4	5
10- Spends enough time with residents to ensure adequate nutritional intake at meal time	1	2	3	4	5

	MARGINAL	ADEQUATE	PROFICIENT	EXCELLENT	DISTINGUISHED
ASSIGNED TASKS					
11- Unit cleaned and equipment cleaned and put away	1	2	3	4	5
DOCUMENTAL SKILLS					
12- Simple Charting	1	2	3	4	5
13- Restorative Nursing	1	2	3	4	5
INITIATIVE					
14- Makes good use of time	1	2	3	4	5
15- Does assigned work and then extras	1	2	3	4	5
ATTITUDE AND COOPERATION IN DEALING WITH RESIDENT					
16- Treats with respect and dignity	1	2	3	4	5
17- Pulls privacy curtains	1	2	3	4	5
18- Knocks before entering room	1	2	3	4	5
19- Never raises voice in disrepect, or teases	1	2	3	4	5
STAFF					
20- Works well with team members	1	2	3	4	5
21- Uses buddy system	1	2	3	4	5
22- Floats willingly	1	2	3	4	5

	MARGINAL	ADEQUATE	PROFICIENT	EXCELLENT	DISTINGUISHED
FAMILIES					
23- Is pleasant and sympathetic, and tries to be helpful	1	2	3	4	5
CONTINUING EDUCATION					
24- Participation in inservice programs	1	2	3	4	5
25- Participation in unit conferences	1	2	3	4	5
26- Participation in staffing	1	2	3	4	5
27- Committee participation	1	2	3	4	5

OVER.....

For the remaining position task the options available to you are as follows:

1= Written reprimand

2= Oral reprimand

3= No reprimand

4= USUALLY performs the task

5= ALWAYS performs the task

		WRITTEN REPRIMAND	ORAL REPRIMAND	NO REPRIMAND	USUALLY PERFORMS THE TASK	ALWAYS PERFORMS THE TASK
SAFETY						
28-	Works safely	1	2	3	4	5
29-	Communicates unsafe conditions	1	2	3	4	5
30-	Mops wet spots	1	2	3	4	5
31-	No incidents requiring medical care caused by carelessness	1	2	3	4	5
32-	Reminds others of safety	1	2	3	4	5
33-	Works at safe pace					
34-	Lifts properly	1	2	3	4	5
35-	Anticipates the the unexpected	1	2	3	4	5
WINCHESTER HOUSE AND COUNTY POLICIES						
36-	In proper uniform	1	2	3	4	5
37-	Knows what to do in all disasters	1	2	3	4	5
38-	Adheres to all other policies	1	2	3	4	5
39-	Supportive of Winchester House	1	2	3	4	5

	WRITTEN REPRIMAND	ORAL REPRIMAND	NO REPRIMAND	USUALLY PERFORMS THE TASK	ALWAYS PERFORMS THE TASK
40- Communicates problems to Supervisor with appropriate solutions	1	2	3	4	5
41- Returns from breaks and lunch on time	1	2	3	4	5
42- Receives only emergency phone calls	1	2	3	4	5

43- Number of absent days (including sick days) _____ (Last 3 months only)

44- Number of tardy days, or left early _____ (Last 3 months only)

ATTACHMENT 6

February 19, 1986

Dear Evaluator,

It is once again time to complete an evaluation on the participants of the Outstanding Nurse Aide I of the Quarter Program. This is Evaluation #2 for the work performance during February. Please return to me by Friday, 2-28-86.

A few general guidelines:

1) I have given you a copy of the January evaluations so that you may recall the previous score of each individual.

2) Complete the evaluation with the assistance of your Nurse Aide II and relief nurse.

3) I have eliminated questions #6 and #7 on the 7-3 and 3-11 evaluation. This was due to an overwhelming consensus that these tasks were not generally appropriate.

   The new scoring for passing is:

   7-3 shift - 96 points
   3-11 shift - 95 points
   11-7 shift - 74 points

   The above scores reflects an 80% competency level.

4) If your Nurse Aides I do not receive a passing score, please remind them that any score at all is good since it reflects a performance above the minimum standards.

5) Review the results of Evaluation #2 with the participant.

6) If you have any questions about the intended meaning of a particular task, do not hesitate to ask me.

7) One last reminder is that the award is based on the average of the 3 evaluations during this first quarter. There is no limit to the number of Nurse Aides I that may achieve the award.

8) Tear off this top page and return both January and February evaluation to me.

Thanks to all who have spent their time on this project. I hope that it will enable us to recognize those who are deserving.

Mary Sinke

ATTACHMENT 7

Dear Evaluator,

This is the third and final evaluation for this first quarter. Please complete as usual, referring to evaluation #2 to refresh your memory. Review it with your Nurse Aide I.

Return to me as soon as possible so that I may tally the results and announce the winners!

Thanks so far, for your attention to this paperwork during the first quarter.

Scoring - 3 evaluations averaged:

7-3 shift- 96 points
3-11 shift- 95 points
11-7 shift- 74 points

Please congratulate your Nurse Aides I for their participation in the program, regardless of their results.

M. Sinke,R.N., D.O.N.

ATTACHMENT 8

QUARTER #1 X = Winner

JANUARY 1, 1986 → MARCH 31, 1986

PARTICIPANTS	EVALUATION #1	EVALUATION #2	EVALUATION #3	TOTAL
001	Absent more than 11 days			
004	60	Reprimand		
007	92	95	Invalid	
008	99	104	108	103 X
009	54	72	84	70
011	60	86	100	82
012	44	Reprimand		
015	82	95	113	96 X
018	61	Reprimand		
020	Terminated			
021	101	93	110	101 X
023	Reprimand			
025	115	107	106	109 X
029	82	90	98	90
035	Reprimand			
039	65	74	70	69
040	Absent more than 11 days			
041	Terminated			
049	64	86	93	81
050	97	98	Invalid	-----
051	97	97	Invalid	-----
054	56	83	98	79
055	61	73	82	72
056	104	109	109	107 x
057	95	92	90	92 X
058	34	Reprimand		
061	113	102	106	107 X
062	43.5	74	83	66
064	82	77	94	84
065	74	93	113	93
066	105	106	108	106 X
067	68.5	78	88	78
071	93	93	93	93 X
072	Reprimand			
073	80	105	Terminated	
074	107	106	110	107 X

PARTICIPANTS	EVALUATION #1	EVALUATION #2	EVALUATION #3	TOTAL
076	80	97	115	97 X
083	89	92	92	91 X
089	Voluntary Dropout	----------	----------	----------
090	Reprimand	----------	----------	----------
091	51	42	Reprimand	----------
092	Reprimand	----------	----------	----------
096	97	106	105	102 X
097	96	97	Invalid	----------
108	74	Terminated	----------	----------
109	106	101	105	104 X
111	110.5	107	108	108 X
112	102	112	115	109 X
113	95	97	Invalid	----------
114	112	116	113	113 X

ATTACHMENT 9

M E M O

TO: All Nursing Staff

FROM: Mary Sinke, R.N., D.O.N.

DATE: 3-31-86

SUBJECT: Outstanding Nurse Aide I of the Quarter Program

Please help me to applaud all of those Nurse Aides I who participated in this program and completed it. Thank you to all staff who were involved in participating, evaluating, and in being interviewed for this study. You all helped to make this quarter a success!

Fifty Nurse Aides I participated in the first quarter.

The following Nurse Aides I have achieved the distinction of outstanding. They are as follows:

Booker, Sandra
Christal, Pankiamma
Denman, Janet
Dye, Theresa
Krupinski, Sun
Lara, Graciela
Martell, Coralia
Miara, Dorothy
Nowlan, Erma
Ontiveros, Maria
Parr, Judy
Porter, Laura
Shippee, Bonnie
Voldan, Terri
Wilson, Anne
Wiswald, Carrie
Zaide, Edna

You may congratulate these staff members by dropping in at their luncheon on April 9, 1986 - 2:00 - 3:00 p.m., in the 1st floor dining room.

A reminder that the next quarter begins May 1 and is open for participation to all Nurse Aides I.

ATTACHMENT 10

LET US RECOGNIZE YOU

BY ATTENDING A LUNCHEON

IN YOUR HONOR

WHY: For outstanding achievements in the Nurse Aide I of the Quarter Program

WHEN: Wednesday - April 9, 1986

TIME: 2:00 p.m. - 3:00 p.m.

WHERE: 1st floor main dining room

R.S.V.P.
to Mary Sinke

ATTACHMENT 11

Reasons given by those awardees who did not attend the luncheon:

1 - (East Indian	3-11 shift)	Conflict with school schedule.
1 - (Hispanic	11-7 shift)	Babysitting conflict.
1 - (Filipino	3-11 shift)	Conflict with school schedule.
1 - (Filipino	11-7 shift)	Babysitting conflict.
1 - (Caucasian	11-7 shift)	Is a nurse who did not pass boards. Told staff she did not want to be recognized as a CNA. In May, passed boards and terminated.
1 - (Caucasian	3-11 shift)	Said she did not want formal recognition for her work.

Of the six awardees who did not attend the luncheon, only 1 (Hispanic 11-7 shift) signed up for the Quarter II.

RANGE

RACE	ATTEND (%)	NOT ATTEND (%)	NUMBER
BLACK	100%	-	2
CAUCASIAN	70%	30%	7
HISPANIC	67%	33%	3
ORIENTAL	100%	-	1
FILIPINO	33%	67%	3
EAST INDIAN	-	100%	1
7-3 shift	100%	-	6
3-11 shift	70%	30%	7
11-7 shift	-	100%	4

Seven of the eleven awardees who attended the luncheon signed up as participants for quarter II. Their race is as follows:

4 - Caucasian
1 - Black
1 - Hispanic
1 - Filipino

Below are those who did not rejoin:

One awardee (Black) attended the luncheon, resigned and took another position.

One awardee (Oriental) who attended the luncheon seemed embarrassed by the public recognition and did not sign up for quarter II.

One Hispanic and one Caucasian awardee also did not rejoin for unknown reasons.

Winchester House

OUTSTANDING NURSE AIDE I OF THE QUARTER PROGRAM

DEPARTMENT OF NURSING

Presents This Certificate To

_____

_____

SOCIAL SECURITY NUMBER

FOR CONSISTENTLY RENDERING AN OUTSTANDING

PERFORMANCE IN THE CARE OF OUR RESIDENTS

_____

QUARTER AWARD RECEIVED

_____ _____

Director of Nursing Administrator

ATTACHMENT 12

ATTACHMENT 13

HAPPY ANNIVERSARY
MONTH OF MARCH

NURSING

AMANN, CELIA	8 Yrs.
ARSAKULARATNA, ARLENE	8 Yrs.
BACTOL, JOSEFINA	8 Yrs.
CASTRO, CARMENCITA	3 Yrs.
COOPER, YOSHIKO	6 Yrs.
GERLACH, JOAN	2 Yrs.
HILL, FREDERICK	2 Yrs.
HOWTON, ALDA	3 Yrs.
JENKINS, RITA	2 Yrs.
JENSEN, MARILEE	3 Yrs.
MARGOWSKI, DARLENE	2 Yrs.
MOLLINGER, PATRICIA	5 Yrs.
NELSON, LINDA	3 Yrs.
PEREZ, EVELYN	2 Yrs.
ROBERTSON, WARREN	2 Yrs.
SMETTERS, DEBRA	1 Yr.

PERSONNEL

FAGAN, JANA (Court House)	4 Yrs.

FOOD SERVICE

GAINES, ELIZABETH	1 Yr.
HOUCEK, ANDREW	1 Yr.

HOUSEKEEPING

GARCIA, EDUARDO	5 Yrs.

LAUNDRY

PRIMUS, KATHLEEN	2 Yrs.

MAINTENANCE

GRAHAM, THOMAS	4 Yrs.

* * *

WELCOME ABOARD:

NURSING

COCHRAN, BARBARA

FOOD SERVICE

DAHL, MICHELLE
MOBLEY, TRINA

* * *

CONGRATULATIONS.....
NURSE AIDES I

The following Nurse Aides I, have achieved the distinction of "outstanding" during the during the Quarter Program:

BOOKER, SANDRA
CHRISTAL, PANKIAMMA
DENMAN, JANET
DYE, THERESA
KRUPINSKI, SUN
LARA, GRACIELA
MARTELL, CORALIA
MIARA, DOROTHY
NOWLAN, ERMA
ONTIVEROS, MARIA
PARR, JUDY
PORTER, LAURA
SHIPPEE, BONNIE
VOLDAN, TERRI
WILSON, ANNE
WISWALD, CARRIE
ZAIDE, EDNA

* * *

BINGO WINNER....

Congratulations ALMA NEASE, Laundry.

AND YOU THOUGHT YOU WORKED HARD . . . . .

"Modern-day nurses think they have a heavy burden. Following are some excerpts from "Duties of Nurses", established at a hospital in 1889. You can thank your lucky stars you aren't there today!

In addition to caring for your fifty patients, each nurse will follow these regulations:

1. Daily sweep and mop the floors of your ward, dust the patient's furniture and window sills.

2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business.

3. Light is important to observe the patient's condition. Therefore, each day fill kerosene lamps, clean chimneys and trim wicks. Wash the windows once a week.

4. The nurse's notes are important in aiding the physician's work. Make your pens carefully; you may whittle nibs to your individual taste.

5. Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m., except on the Sabbath on which day you will be off from 12 noon to 2 p.m.

6. Graduate nurses in good standing with the D.O.N., will be given an evening off each week for courting purposes or 2 evenings a week if you go to church regularly.

7. Each nurse should set aside from each pay day a goodly sum of her earnings for her benefits during her declining years so that she will not become a burden. For example, if you earn $30 a month, set aside $15.

8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop, or frequents dance halls, will give the D.O.N. good reason to suspect her worth, intentions, and integrity.

9. The nurse who performs her labors and serves her patients and doctors faithfully and without fault for a period of five years will be given an increase by the hospital administration of 5¢ a day, provided there are no hospital debts that are outstanding."

Submitted by: EDIE CLEMENT

* * *

CONSTRUCTION DAY...

The Staff really appreciated Construction Day, March 28th. Donuts, coffee and Candy Bars were enjoyed by all. And didn't "DAPPER DAN" (alias, GUY TURNER), look great in his tuxedo? Talk about class!

* * *